

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SK	1087	1/20/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 : Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
13.6		51		101	
12.5		52		102	
12.5		53		103	
12.5		54		104	
12.5		55		105	
12.5		56		106	
12.5		57		107	
12.5		58		108	
12.5		59		109	
12.5		60		110	
12.5		61		111	
12.5		62		112	
12.5		63		113	
12.5		64		114	
12.5		65		115	
12.5		66		116	
12.5		67		117	
12.5		68		118	
12.5		69		119	
12.5		70		120	
12.5		71		121	
12.5		72		122	
12.5		73		123	
12.5		74		124	
12.5		75		125	
12.5		76		126	
12.5		77		127	
12.5		78		128	
12.5		79		129	
12.5		80		130	
12.5		81		131	
12.5		82		132	
12.5		83		133	
12.5		84		134	
12.5		85		135	
12.5		86		136	
12.5		87		137	
12.5		88		138	
12.5		89		139	
12.5		90		140	
12.5		91		141	
12.5		92		142	
12.5		93		143	
12.5		94		144	
12.5		95		145	
12.5		96		146	
12.5		97		147	
12.5		98		148	
12.5		99		149	
12.5		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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